REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE		(CFA-4 Summary S	
State Form 4806 (R13/11-05) Indiana Election commission (IC 3-9-8-14)		FILE NUMBER	
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on	TOTAL	PAGES IN ENTIRE	CEA-4 REPORT
this form. For essistance in completing this form, see instructions on the reverse side.		5	
IS THIS AN AMENDMENT? Yes X No	<u> </u>		
COMMITTEE INFORMATION			
Full name of committee (as on Statement of Organization)  Check if this is a new name Hamilton County Democratic Party Central Committee			
2. Acronym or abbreviated name, if any	3. Committee telephone	number	
	(317) 522-1669		
	if this is a new address		
P.O. Box 1018	5 5 4 40 V - 11		
5. City, state, ZIP code Noblesville IN 46060	6. Party affiliation (If app.	(icadio)	
GANDIDATE INFORMATION (For Candidate's C	ommittee Only)		
7. Full name of candidate (include any nickname)	8. Party affiliation or if in-	dependent	
· · · · · · · · · · · · · · · · · · ·	Democratic		
Office sought (include district number, if any. Not required for exploratory committee.)	10. County of residence		
TYPE OF REPORT	co	NVENTION CANDIE	ATES ONLY
11.		12. Check one:	<del>-</del>
PreElect		Pre-Conv	
12. Reporting period; From: 04/10/2010 Through: 10/08/2010		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hend and investments at the beginning of this reporting period.		4,237.32	
14. Cash on hand and investments January 1, current year.			3,797.96
CONTRIBUTIONS AND RECEIPTS  (Note: These amounts include in-kind contributions and loans, as well as cash contributions.)			
15a, itemized (use Schedule A)		150.00	6,537.44
15b. Unitemized	-	3,475.67	3,872.87
15c, Add lines 15a, and 15b in both columns	SUBTOTAL	3,625.67	10,410.31
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	7,862,99	14,208.27
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		3,362.70	9,515.94
17a. Itemized (use Schedule B) (Public Question: use Schedule C)  17b. Unitemized	-	92.00	284.04
17c. Add lines 17a and 17b in both columns	SUBTOTAL	3,454.70	9,799.98
18. Cash on hand and investments at close of this reporting period(subtract 17c from 16 in both of	-	4,408.29	4,408.29
19. Debts OWED BY the committee (use Schedule D)	, , , , , ,	0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	
CERTIFICATION			
CERTIFICATION  THE BEST OF MY KNOWLEDGE	AND BELIEF IT IS		CE USE ONLY
[7]	,,,,,,	Filed: On	iline
8 Title	Date	<del> </del> 10/13/10	4:18 pm
3 TROASURCER	10/15/10	Simmer.	i pondo in <mark>da</mark>
' <del>                                  </del>			1
WARNING: Any information contained in this report may not be copied for sale or used for any co (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14- to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a	·1-13) A person who fails	52:7	HA EL DO DIOZ
(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)	. July of mired manifer		



State Form 4805 (R13/11-05) Indiana Election commission (IC 3-9-5-14) (CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other
Receipts

5419			
( 0413	Į		
Page 1 of 1			

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHBDULE Please type or print legibly IN BLACK INK all information on this schedule. For additions in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15s. of the Summary Sheet. All cumulative contributions from Individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (cover \$200, it regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, relative, returns of deposit, proceeds from sales, interest or other income/DVER \$100 per contributor, within a calendar year, MUST be Remitted on this schedule (over \$200 it regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optioned.

	CONTRIBUTOR'S FULL NAME AND DCCUPATION FULL MAILING ADDRESS (street, number, city, state ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1	Alan Albright 9801 Cumberland Rd Fishers IN 46037	Contribution: Direct	75.00	275.00	05/24/2010
					Treasurer
Jont	ibutor's Occupation (if required): Attorney				
2	Greg Purvis 12271 Chiseled Stone Drive Fishers IN 46307	Contribution: Direct	75.00	112.44	06/10/2010
					Treasurer
Contr	ibutor's Occupation (if required): Attorney				
<u> </u>	SUB TOTAL	THIS PAGE OF SCHEDULE A	\$ 150.00		
	TOTAL OF ALL PAGES OF SCHEDULE ( Enter total on ITEM 1	A ON THE LAST PAGE ONLY 5s of the Summary Sheet)	\$ 150.00		



(CFA-4 SCHEDULE B) Itemized Expenditures

State Form 4806 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on IT EM 17g of the Summiny Sheet. All cumulative expenses pield to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind\_regardlesse of smouth paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this achedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (it applicable)	and	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	
Code: Advertising		Direct	50.00	50.00	05/03/2010
1 Carmelfest PO Box 3953 Carmel IN 46082		Purpose: Parade entry fee			
Code: Advertising		Direct	160.00	210.00	05/03/2010
2 Carmelfest PO Box 3953 Carmel IN 46082		Purpose: Booth Rental			
Code: Operations	7-14 Ab. a same	Direct	29.00	29.00	05/04/2010
3 Icontact 2635 Meridian Parkway Suite 200 Durham NC 27713		Purpose: Email Support			
Code: Operations	-	Direct	29.00	58.00	06/02/2010
4 Icontact 2635 Meridian Parkway Suite 200 Durham NC 27713		Purpose: Email Support			
Code: Operations		Direct	29.00	87.00	07/02/2010
5 Icontact 2635 Meridian Parkway Suite 200 Durham NC 27713		Purpose: Email Support			
Code: Operations		Direct	29.00	116.00	08/03/2010
6 Icontact 2635 Meridian Parkway Suite 200 Durham NC 27713		Purpose: Email Support			
Code: Operations		Direct	29.00	145.00	09/02/2010
7 Icontact 2635 Meridian Parkway Suite 200 Durham NC 27713		Purpose: Email Support			
	SUB TOTAL THIS	PAGE OF SCHEDULE B	\$ 355.00		
TOTAL OF	FALL PAGES OF SCHEDULE B ON	THE LAST PAGE ONLY a of the Summary Sheet)	 \$		



(CFA-4 SCHEDULE B) Itemized Expenditures

State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INIX alt information on this form. For assistance in completing this schedule, see instructions on the reverse size. This schedule is used to document expenditures totaled on ITEM 17g of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other criticise CVER \$100 per recipient, within a calendar year MUST be ternized on this schedule (over \$200, if regular party committees). All cumulative expenses, including linklind generations of smouth set to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees). MUST be femitzed on this schedule.

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RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	LYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD		
	Direct	29.00	174.00	10/02/2010
	Purpose: Email Support			
	Direct	2,150.00	2,150.00	06/25/2010
	Purpose: State Convention Delegate Fees			
7, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Direct	13.95	69.75	05/01/2010
	Purpose: Telephone			
-	Direct	13.95	83.70	06/04/2010
	Purpose: Telephone			
	Direct	13.95	97.65	07/05/2010
	Purpose: Telephone			
#7 · (V4.) \$ =:\	Direct	13.95	111.60	08/03/2010
	Purpose: Telephone			
	Direct	13,95	125.55	09/04/2010
	Purpose: Telephone		,	
SUB TOTAL THIS	PAGE OF SCHEDULE B	\$ 2,248.75		
ALL PAGES OF SCHEDULE B OF	THE LAST PAGE ONLY	•		
	SUB TOTAL THIS	OFFICE SOUGHT (if applicable)  Direct  Purpose: Email Support  Direct  Purpose: State Convention Delegate Fees  Direct  Purpose: Telephone  Direct  Purpose: Telephone  Direct  Purpose: Telephone  Direct  Purpose: Telephone  Direct  Purpose: Telephone	OFFICE SOUGHT (if applicable)  Direct	Direct   29.00   174.00



(CFA-4 SCHEDULE B) Itemized Expenditures

State Form 4606 (R13/11-05) Indiana Election commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For pagistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17g of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other criticise OVER \$100 per recipient, within a cateridar year MUST be themized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind-pardicises of munit paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees). MUST be itemized on this schedule.

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TOTAL OF	ALL PAGES OF SCHEDULE B ON (Enter total on ITEM 17	N THE LAST PAGE ONLY a of the Summary Sheet)	\$ 3,362.70		
**************************************	SUB TOTAL THIS	PAGE OF SCHEDULE B	\$ 758.95		
16 West Bend Mutual Insurance Company 1900 S, 18th St West Bend WI 53095		Purpose: Insurance			
Code: Operations	Photo and	Direct	745.00	745.00	06/28/2010
15 Voicenation LLC 5089 Bristol Industrial Hwy; Suite C Buford GA 30518		Purpose: Telephone			
Code: Operations		Direct	13.95	139.50	10/04/2010
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (it applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	